P19000039214

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COVER LETTER

TO: Amendment Section
Division of Corporations

GREY CLEANING INC

NAME OF CORPORATION:

P19000039214

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

	Name of Contact Person	
	Firm/ Company	
878 DUNWOOD	• •	
	Address	
FORT WALTON	BEACH, FLORIDA 32547-4276	
	City/ State and Zip Code	

For further information concerning this matter, please call:

MARCO TULIO LOPEZ CRUZ

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E-mail address: (to be used for future annual report notification)

699-4210

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

S43.75 Filing Fee & Certificate of Status

□\$43.75 Fiting Fee & Certified Copy (Additional copy is enclosed)

☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

οÍ

GREY CLEANING LLC		
(Name of Corporation as cu	irrently filed with the Florida Dept.	of Starti
P19000039214		
(Document Nur	nber of Corporation (if known)	the state of the s
Pursuant to the provisions of section 607,1006, Florida Statutes its Articles of Incorporation:	s, this <i>Florida Profit Corporation</i> ado	pts the following amendment(
A. If amending name, enter the new name of the corporation	<u>on:</u>	
		The new
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevia	" or "Co". A professional corporati	ited" or the abbreviation
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		851.
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>.</u>
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ac		of the
Name of New Registered Agent		
nume of new negligiered agent		
Same of Sea Registered Agent		
	rida street address)	
(Flor	rida street address)	
		·lorida(Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	mith	
Type of Action (Check One)	Title		Name	Address
1) Change	P		MARCO TULIO LOPEZ CRUZ	878 DUNWOODY PL
X Add		_		FORT WALTON BEACH
Remove				FLORIDA 32547
2) Change			·	
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				***
5) Change		_		
Add				
Remove				
0 0				
6) Change				
Add				
Remove				

(Attach	ng or adding additional Articles, enter change(s) here: ditional sheets, if necessary). (Be specific)	
lf an a	ndment provides for an exchange, reclassification, or cancellation of issued shares,	
<u>provis</u>	ns for implementing the amendment if not contained in the amendment itself: ot applicable, indicate N/A)	
(i)	n applicante, maicate (NA)	

	doption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad- by the shareholders was/were so	opted by the shareholders. The number of votes east for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were addaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
JUNE 05. Dated	2019	
Signature		
(By a c selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)	
	GRISELDA DUARTE	
	(Typed or printed manue of person signing)	
	D.P. (1) X D	
	(Title of person signing)	